Kentucky Department for Medicaid Services

Pharmacy and Therapeutics Advisory Committee Recommendations

March 18, 2004 Meeting

This chart provides a summary of the recommendations that were made by the Pharmacy and Therapeutics Advisory Committee at the March 18, 2004, meeting and the final decisions made after review of the recommendations.

	Description of Recommendation	Final Decision by the Commissioner and the Secretary
#1	**Atypical Antipsychotics** 1. All atypical antipsychotics are considered clinically equivalent in terms of efficacy, however, each of the drugs has a unique safety profile.	Recommendations approved
#2	**Atypical Antipsychotics** 1. Select at least two (2) branded atypical antipsychotics to use as preferred agents based on economic evaluation.	Recommendations approved
#3	**Atypical Antipsychotics** 1. Implement a grandfather clause, which allows patients currently on medications not selected as first-line to continue to receive their medication. 2. Atypical antipsychotic prescriptions will only be filled for Psychosis or Bipolar Disorder and will require diagnosis , preferably an ICD-9 code on the prescription but a written diagnosis will suffice on the prescription or as an alternative to the ICD-9 code on the prescription submit a prior authorization based on diagnosis.	Recommendations approved
#4	**Atypical Antipsychotics** 1. Require an adequate trial of preferred agents before approval of non-preferred agents, or the presence of a medical contraindication of preferred agents before approval of non-preferred agents. 2. Clozaril will be available without prior authorization. 3. Require Prior Authorization for Symbyax. 4. For any new chemical entity in the Atypical Antipsychotic class require a PA and quantity limit until reviewed by the P&T Advisory Committee.	Recommendations approved
#5	**Atypical Antipsychotics** 1. Set a quantity limit on the atypical antipsychotic medications: Abilify, Zyprexa, and Symbyax limit to 30 units per month (30 day supply) Geodon, Risperdal and Seroquel limit to 60 units per month (30 day supply) Clozaril limit to 90 units per month (30 day supply) 2. Limit utilization to one (1) atypical antipsychotic medication per patient, with the exception of a 1-month crossover for medication changes when two (2) products may be used when titrating off an existing medication, and titrating up with a new medication.	Recommendations approved
#6	**Atypical Antipsychotics** 1. There will be no Preferred Drug List relative to Atypical Antipsychotics for any recipient less than 18 years old. In order for the claim to process either an ICD-9 or a written diagnosis is required on the prescription. If an ICD-9 or written diagnosis is not included on the prescription a prior authorization will be required.	Recommendations approved